


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P99000081861 |  |
| 1. Entity Name PSYCHO CYCLES, INC. | |

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| Principal Place of Business 1974 CARROLL STREET, UNIT A CLEARWATER, FL 33765 | Mailing Address 1974 CARROLL STREET, UNIT A CLEARWATER, FL 33765 |
|--|--|



01262004 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 59-3601435 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent BATES, WAVEY 1915 GROVELAND ROAD PALM HARBOR, FL 34683 |
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BATES, KEVIN 1915 GROVELAND ROAD PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BATES, BRIAN 1915 GROVELAND RD. PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BATES, WAVEY 1915 GROVELAND ROAD PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000069693
03/01/04-80020-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04 (727) 469-8860
Date Daytime Phone #